

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

-----x
NOEMI MARTE,

Plaintiff,

-against-

RULE 26 DISCLOSURE

08 Civ 4338 (PAC)

BRIAN KEITH MOREHART and LUCAS
TRUCKING CORP.,

Defendants.

-----x

Defendants, BRIAN KEITH MOREHART and LUCAS TRUCKING CORP., as and for their disclosure under Rule 26 of the Federal Rules of Civil Procedure, hereby set forth as follows:

1. Individuals with discoverable information:

Other than the parties named to the within action, defendants are aware of the driver of the vehicle plaintiff was allegedly a passenger in, Cynthia E. Stinziano, 2202 Wickham Avenue, Bronx, New York 10469 and Alexia Derizzio, employed with Monroe College, New Rochelle, New York.

2. Relevant documents and tangible things under parties' control.

Attached are copies of the Police Accident Report and the accident report filled out by defendant.

3. Information related to calculation of damages.

Not applicable to this party.

4. Insurance agreements.

Northland Insurance Company, P.O. Box 64805, St. Paul, MN 55164-0805, provides coverage to the answering defendants in the amount of \$1,000,000 under policy number TF517303, policy period 1/25/07 to 7/1/07.

Dated: New York, New York
June 13, 2008

LAW OFFICE OF JOHN R. HUMPHREYS

BY: FREDERICK D SCHMIDT JR (FDS 8821)
Attorneys for Defendants
BRIAN KEITH MOREHART and
LUCAS TRUCKING CORP.
485 Lexington Avenue, 7th Floor
New York, NY 10017
(917) 778-6600
Matter No.: 0910279

TO:

Mitchell Franzblau, Esq.
BELOVIN & FRANZBLAU, LLP
Attorneys for Plaintiff
2311 White Plains Road
Bronx, New York 10467
(718) 655-2900

Precinct 043
Accident No 1144

F I ACCIDENT REPORT (NYC)
MV-104AN (5/04)

AMENDED REPORT

Accident Date Month Day Year	Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos Yes <input type="checkbox"/> No <input type="checkbox"/>
5 17 07	Thur	0856	2	0	0	Reconstructed <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VEHICLE 1

VEHICLE 1 - Driver License ID Number 446 304 339 State of Lic. NY
Driver Name - exactly as printed on license Stinzianno, Cynthia, E

VEHICLE 2 - Driver License ID Number 72 997 113 State of Lic. PA
Driver Name - exactly as printed on license Brian Keith Morehart

Address (Include Number & Street)
2202 Wickham Ave
City or Town Bronx
State NY Zip Code 10469

Address (Include Number & Street)
111 High St P.O. Box 121
City or Town P. Trout Run
State PA Zip Code 17771

Date of Birth
Month Day Year
2 16 58 Sex F
Unlicensed No. of Occupants 3
Public Property Damaged

Date of Birth
Month Day Year
Sex Unlicensed No. of Occupants 1
Public Property Damaged

Name - exactly as printed on registration
Nicholas Gyory
Address (Include Number & Street)
2202 Wickham Ave
City or Town BX
State NY Zip Code

Name - exactly as printed on registration
Lucas Trucking Corp
Address (Include Number & Street)
1657 N Rte 220 Hwy
City or Town Jersey Shore
State PA Zip Code 17740

Plate Number DZL 4056 State of Reg. NY Vehicle Year & Make 07 Infiniti 4nSD
Ins. Code

Plate Number AE36839 State of Reg. PA Vehicle Year & Make 03 Freightliner
Ins. Code

Ticket/Areast Number(s)

Ticket/Areast Number(s)

Violation Section(s)

Violation Section(s)

Check if involved vehicle is:
 more than 95 inches wide;
 more than 34 feet long;
 operated with an overweight permit;
 operated with an overdimension permit.

VEHICLE 1 DAMAGE CODES

Box 1 - Point of Impact 1 2
Box 2 - Most Damage 7 8
Enter up to three more Damage Codes 3 4 5

Vehicle By Towed: Brothers Towing
To Z 22nd + Gribbin

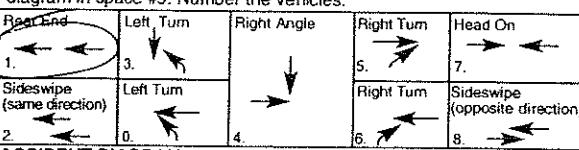
Check if involved vehicle is:
 more than 95 inches wide;
 more than 34 feet long;
 operated with an overweight permit;
 operated with an overdimension permit.

VEHICLE 2 DAMAGE CODES

Box 1 - Point of Impact 1 2
Box 2 - Most Damage 3 4 5

Vehicle By Towed: Brothers Towing
To Z 22nd + Gribbin

Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.



ACCIDENT DIAGRAM

Vehicle Damage Coding:
1.13. SEE DIAGRAM ON RIGHT.
14. UNDERCARRIAGE 17. DEMOLISHED
15. TRAILER 18. NO DAMAGE
16. OVERTURNED 19. OTHER

1.

2.

3.

4.

5.

6.

7.

8.

9.

Cost of repairs to any one vehicle will be more than \$1000.
 Unknown/Unable to Determine Yes No

Reference Marker Coordinates (if available)
Latitude/Northing:

Place Where Accident Occurred: BRONX KINGS NEW YORK QUEENS RICHMOND
Road on which accident occurred c/o Ellis + Cross Bx expressway
(Route Number or Street Name)

at 1) intersecting street Service Rd
(Route Number or Street Name)

or 2) N S E W of _____
Feet Miles (Milepost, Nearest Intersecting Route Number or Street Name)

Accident Description/Officer's Notes veh #1 states that traffic signal turned red when she stopped, and veh #2 crashed into her car from behind. veh #2 states that traffic signal was flashing (yellow) when veh #1 stopped short causing him to rear end veh #1.

30
-
USE COVER SHEET

A 8 9 10 11 12 13 14 15 16 17 BY TO 18 Names of all involved Date of Death Only

B
C
D
E
F

Officer's Rank and Signature P.O. Reyes Reviewing Officer ENT'D MAY 18 2007 Date/Time Reviewed

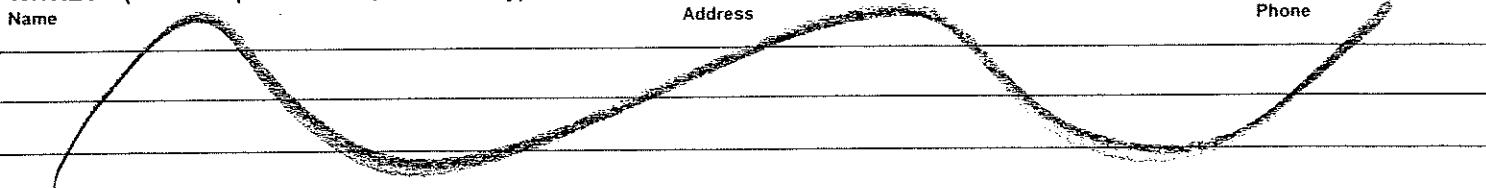
Print Name in Full P.O. Reyes

A Last Name	First	M.I.	D Last Name	First	M.I.		
Address			Address				
Date of Birth	Telephone (Area Code)	Date of Birth	Telephone (Area Code)				
Month	Day	Year	()	Month	Day	Year	()
B Last Name	First	M.I.	E Last Name	First	M.I.		
Address			Address				
Date of Birth	Telephone (Area Code)	Date of Birth	Telephone (Area Code)				
Month	Day	Year	()	Month	Day	Year	()
C Last Name	First	M.I.	Highway Dist. at Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Address			Name:				
Date of Birth	Telephone (Area Code)	Shield No.					
Month	Day	Year	()				

ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD, EXPIRATION DATE (IN ALL CASES), AND VIN.

Vehicle No. 1 1003849 Vehicle No. 2 TF454423Expiration Date 6-27-09 (MD) 5-2008 Expiration Date 7-01-07VIN JNKBV61F57H1816428 VIN 1FUTAHGG03LK75646

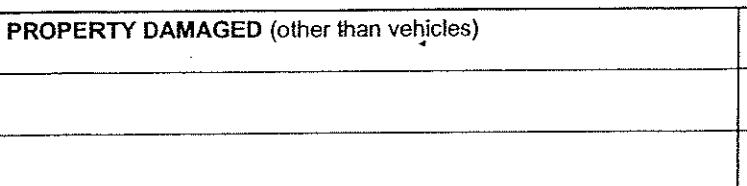
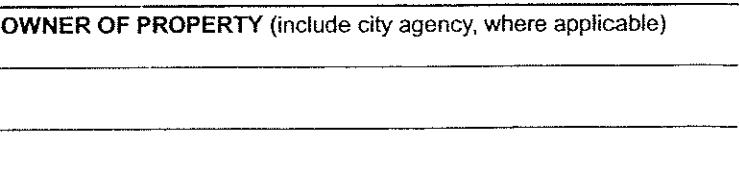
WITNESS (Attach separate sheet, if necessary)

Name	Address	Phone
		

DUPLICATE COPY REQUIRED FOR:

<input type="checkbox"/> Dept. of Motor Vehicles (if anyone is killed/injured)	<input type="checkbox"/> Motor Transport Division (P.D. vehicle involved)	<input type="checkbox"/> NYC Taxi & Limousine Comm. (if a Licensed taxi or limousine involved)	<input type="checkbox"/> Other City Agency (Specify) _____
<input type="checkbox"/> Office of Comptroller (if a City vehicle involved)	<input type="checkbox"/> Personnel Safety Unit (if a P.D. vehicle involved)	<input type="checkbox"/> Highway Unit _____	_____

NOTIFICATIONS: (Enter name, address, and relationship of friend or relative notified. If aided person is unidentified, list Missing Person Squad member who was notified. In either case, give date and time of notification.)

PROPERTY DAMAGED (other than vehicles)	OWNER OF PROPERTY (include city agency, where applicable)
	

IF NYPD VEHICLE IS INVOLVED:

Police Vehicle-Operator's First Name	Last Name	Rank	Shield No.	Tax ID. No.	Command
Make of Vehicle	Year	Type of Vehicle	Plate No.	Dept. Vehicle No.	Assigned To What Command

Equipment in Use At Time of Accident.

Siren Horn Turret Light 4-Way Flasher High-Level Warning Lights Traffic Cones Headlights

ACTIONS OF POLICE VEHICLE

<input type="checkbox"/> Responding to Code Signal _____	<input type="checkbox"/> Complying with Station House Directive
<input type="checkbox"/> Pursuing Violator	<input type="checkbox"/> Routine Patrol
<input type="checkbox"/> Other (Describe) _____	

GMA COMMERCIAL INSURANCE

SCENE INFORMATION

TO BE ELLIOTT BY NUMBER

YOU ARE IN AN ACCIDENT,
FOLLOW THESE STEPS:

- Assist injured parties, but do not move the injured unless absolutely necessary.
- Notify police and ambulance if necessary. Use the "Emergency Telephone Aid" card if you cannot leave the scene.
- Identify yourself and your company. Supply operator #, license # and registration if asked.
- Do not discuss the accident with other driver(s) or witnesses.
- Ask all witnesses to complete witness cards.
- If other drivers admit fault, ask them to fill out the "Driver Examination Card". Follow your company policy regarding accidents and company procedure.
- Comply with all legal paperwork, such as accident reports. Get copies and return to employer with this kit.
- May 21, 2007
• Document the accident with photographs taken from all four sides, include any road or weather conditions.

Company Vehicle

1

33

Location Cross brack

Driver's Name Brian Markhart

License # RE-36839

11 Dwarfs Name Schene and Gert

Make & Model of Vehicle: 1994 Ford

Bhāskara #1 1

#2 Driver's Name _____

License # _____ State _____

Phone # ()

NON-EMISSIONS (other than vehicles)

111

PROPERTY DAMAGE (other than vehicles)
Car
Date 5/11/01
Phone # 511.011
Address 511303
Name ~~John Doe~~
Description of injuries: ~~John Doe~~

STATE OF NEW YORK
COUNTY OF NEW YORK

**AFFIDAVIT OF SERVICE
BY MAIL**

I, MARIA PIZZO, being duly sworn, deposed and says that deponent is a secretary of the LAW OFFICE OF JOHN P. HUMPHREYS, attorneys for one of the parties herein; is over 18 years of age; is not a party to the action. The deponent served the papers noted below by regular mail, the same securely enclosed in the postage paid wrapper in the Letter Box maintained and exclusively controlled by the United States Postal Service at 485 Lexington Avenue, New York, New York 10017; directed to the said attorney(s) at the address indicated below; that being the address within the state designated by said attorney(s) for that purpose, or the place where said attorney(s) then kept an office, between which places there then was and now is a regular communication by mail as follows:

Date mailed: June 16, 2008

Papers Served: RULE 26 DISCLOSURE

TO:

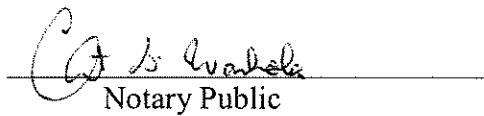
BELOVIN & FRANZBLAU
Plaintiff Counsel
2311 White Plains Road
Bronx, NY 10467
(718) 655-2900



MARIA PIZZO

Sworn to before me this

16TH day of June, 2008



Notary Public

CHRISTIAN D. WARHOLA
Notary Public, State of New York
No. 01WA6155557
Qualified in New York County
Commission Expires November 13, 2010

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK**

Index No.: 08 CIV 4338 (pac)

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-against-

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Plaintiff(s),

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RULE 26 DISCLOSURE

**Law Office of
JOHN P. HUMPHREYS**

Attorneys for Defendants

**BRIAN KEITH MOREHART
AND LUCAS TRUCKING CORP.**

Office & P.O. Address
485 Lexington Avenue – 7th Floor
New York, New York 10017

Tel. No.: (917) 778-6600
Fax No.: (917) 778-7020
(917) 778-7022

Pursuant to 22 NYCRR 130-1.1, the undersigned, an attorney admitted to practice in the courts of New York State, certifies that, upon information and belief and reasonable inquiry, the contentions contained in the annexed document are not frivolous.

Dated: _____

Signature: _____

Print Signer's Names: _____

Service of a copy of the within

is hereby admitted.

Dated: _____

Attorney(s) for _____

NOTICE OF ENTRY:

PLEASE TAKE NOTICE that the within is a true copy of an order entered in office of the Clerk of the above Court on the _____ day of _____ 20____.

NOTICE OF SETTLEMENT:

PLEASE TAKE NOTICE that the within proposed order will be presented for settlement and entry at the Courthouse on the _____ day of _____ 20____, at 10:00 a.m. at the office of the Clerk of the Part of this Court where the within described motion was heard.

Dated:

New York, New York

**Law Office of
JOHN P. HUMPHREYS**
Attorneys for Defendant(s)
As Designated Above